



Texas Specialty Underwriters, Inc.

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HABITATIONAL QUESTIONNAIRE

1. PROPERTY NAME: _____

2. LOCATION:

Street Address: _____

Age: _____ Construction: _____ # of Buildings: _____ # of Stories: _____

Owner Occ. Units: _____ # Rental Units: _____ # of Vacant Units: _____

Is there any Eifs or Dryvit exterior construction present? Yes No

3. ATTACH A DIAGRAM OF THE PREMISES SHOWING THE DISTANCE BETWEEN BUILDINGS.

4. ATTACH A STATEMENT OF VALUES.

5. TYPE OF PROJECT: Apartment Condominium Townhomes Homeowner Assn. Timeshare

Housing Authority?..... Yes No Any Subsidized Units? Yes No Number or Percent:

Average Monthly Rents: 1BR _____ 2BR _____ 3BR _____ Other: _____

In a Stable Neighborhood? Yes No

6. RENOVATION/MOST RECENT UPDATES:

Roof: _____ Year: _____ Type of Shingles: Wood Asphalt Tile

Has Roof Been Completely Replaced? Yes No Date: _____

Plumbing: _____ Year: _____ Water Heaters: _____ Year: _____

Wiring: _____ Year: _____ Copper Aluminum If Aluminum, Pigtailed? Yes No What %? _____

A/C Heating: _____ Year: _____ Type (check one): Gas Electric

Gut Renovation: _____ Year: _____ Details: _____

7. Any on Going Renovations? Yes No If Yes Describe: _____

8. OTHER RECREATIONAL FACILITIES:

Is barbecue use allowed on the patio/balconies or within 20 feet of the building?..... Yes No

9. FIRE PROTECTION:

Sprinklered? None Fully Partial If Partial, describe the areas protected: _____

Smoke Detectors?..... Yes No Hardwired or Battery? _____

Fire Extinguishers? Yes No In each unit?..... Yes No In hallways?..... Yes No

Any Wood Stove or Fireplaces? Yes No

Is the Building in a Brush or Wooded Area? Yes No

10. HAVE THERE BEEN ANY MOLD, HIDDEN DECAY, COLLAPSE OR WATER DAMAGE LOSSES. Yes No

List Dates, Amounts and Corrective action taken: _____

Advise Any Claim Damages That Are Not Fully Repaired: _____

Have There been ANY Construction Defect Losses EVER? Yes No

If So Describe: _____